

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9442
Registrar's No. 2925

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
at home 4700th Newberry
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Morris Miller

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Chera Miller 6. (c) Age of husband or wife if alive 27 years (Day) (Year)
7. Birth date of deceased March 27 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months — Days 1 If less than one day hr. min.

9. Birthplace Russian
(City, town, or county) (State or foreign country)

10. Usual occupation Tailor

11. Industry or business Mens

12. Name Overum Yitzchuck Miller

13. Birthplace Russia
(City, town, or county) (State or foreign country)

14. Maiden name Lise ?

15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Chera Miller

(b) Address 4700th Newberry Terrace

17. (a) Burial (b) Date thereof 8-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cherah Kadisha

18. (a) Signature of funeral director Oscar Handler

(b) Address 4469 Washington

19. (a) MAR 29 1940
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
(d) Street No. 7700th Newberry
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 33 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 28
year 1940 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from Mar 26, 1940 to Mar 28, 1940,
that I last saw him alive on Mar 26/40, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration ?

Due to —

Due to —

Other conditions Cirrhotic Hepatitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —
PHYSICIAN —
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (a) Means of injury.

23. Signature H. M. Packerstein (M.D. or other)
Address Wall Bldg. St. Louis Date signed 3/29/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

myself
....., Registered Apprentice No.
working under my personal supervision.

Signed

W. J. Penhander
Licensed Embalmer No. *3669-3669*

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.